## GOVERNMENT OF GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

## BARBER AND BEAUTY SHOPS, SCHOOLS, AND THE PRACTICE OF BARBERING AND COSMETOLOGY INSPECTION REPORT

DIVISION OF ENVIRONMENTAL HEALTH				INSPECTION REPORT	yalamı pil
INSPECTION GRADE			ESTABLISHMENT NAME:	oreming to 1	
Regular	-		11/13/17	AMOR'S BEAUTY SALON	PERSONAL PROPERTY.
Follow-Up Complaint	DIA HUNCA	16/2	Time In/Out:	OWNER/OPERATOR: / MANEZ, AMORFINA M	Person int
Investigation Other(Specify	Below)	TODATOO	100 Color 139 178 1 No. 1 100 Color 170 Color		DED
for the same of th	-		ns found this day in th	e operations and facilities which must be corrected by the next inspection, or soone ading or permit suspension. To appeal, a written hearing request must be submitted indicated correction date.	
ITEM NO.*		nnonin novi	The other stand	REMARKS	DEMERIT
6 6/06/42	INSPI	EGULAR CTION DWING	CONDUC		moi maseuli di Non se stinusti
2				Transport to be of signs of seasons. Strategical	Section 1

	FOLLOWING VIOLATIONS WERE DESERVED:
8	USE OF BRUSHES MADE OF WOUD, WOODEN BRUSHES SHULL NOT BE USED TO PREVENT THE ACCUMULATION OF BACTERIA.
9	RE-USE OF BINGLE USE ITEMS SUCH AS NATL BUPPERS & BLOCKS. SINGLE USE ITEMS SHALL NOT BE DEUSED TO PREVENT CROSS-CONTAMINATION. SUCH ITEMS SHALL BE DISPOSED OF AFTER USE.
Pre .	NO PAPER TOWELS PROVIDED FOR COMMON AREA SINK & BOTH MEN & WOMEN'S RESTROOMS. SANITARY PAPER TOWELS GHALL BE PROVIDED TO PROMOTE PROPER HANDWASH HYGLENG.
9	SELF-CLOSING DEVICE IN MEN'S RECTROOM IN DISPEPAIR. A SELF-CLOSING DEVICE SHILL BE PROPERLY INSTALLED TO PREVENT PESTS ACCESS.
19	NO MEASUPING CUP OF SPOON PROVIDED FOR SANITIZING SOLUTION. A STANDARD MEASURING CUP SHALL BE PROVIDED TO ENSURE SANITIZER STRENGTH EPPICACY.

I HAVE READ AND UNDERSTAND THE ABOVE VIOLATION(S) AND AM AWARE OF THE CORRECTIVE MEASURES TO BE TAKEN
of the following items are cited above, they shall be RECEIVED Y (Name & Title):

\*When any of the following items are cited above, they shall be corrected within ten (10) days of this inspection:

(1), (2), (3), (7), (8), (17), (22), (24), (31), (43), and (45).

DEH INSPECTOR (Name & Title):

J. GARCIA FOHD

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GEH-07 Rev: 10/98

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INSPECTION GRA		ESTABLISHMENT NAME:	frio parcen
egular	11/13/17	AMOR'S BEAUTY SALON	RESERVE OFFERE
ollow-Up		OWNER/OPERATOR:	
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ther(Specify Below)	No.: 17000 70		24, DE
The following items identify vic		ESTABLISHMENT TYPE: BEAUTY SALON  e operations and facilities which must be corrected by the next inspection, or soone	r as the
		ading or permit suspension. To appeal, a written hearing request must be submitte	
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I HAVE READ AND UNDE	RSTAND THE ABOVE VIC	DLATION(S) AND I AM AWARE OF THE CORRECTIVE MEASURES TO BE TAKE	EN.
When any of the following items are ci corrected within ten (10) days o	ited above, they shall be	RECEIVED BY (Name & Title): Cosmetolog of lows	V
(1), (2), (3), (7), (8), (17), (22), (24),	The second secon	DEH INSPECTOR (Name & Title):	-0
(1), (2), (0), (1), (1), (2), (24),	(01), (10), and (10).	J'GARCIA EPHO \ \\	To stouch !

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